

In *Life*, a weekly publication more noted for its smartness than its wit, and which is supposed to throw the searchlight upon the follies, foibles, sins, whims and caprices of human kind, there recently appeared a two-page illustration entitled "The Reward of Virtue." The artist has devoted his energies in making a series of drawings depicting the dog's service to man; he has grouped these about a center picture which for diabolic conception rivals Poe's best tales of the Spanish Inquisition. A hard-faced, elderly man, wrapped in a linen duster, stands with scalpel poised over a beautiful dog strapped securely to a table. A hypodermic case, a pair of forceps and scissors give evidence of his calling. One sleeve is rolled high and he is about to treat the other in the same fashion. The reader is left to imagine that the man's next move will be to spit on his hands and wade in. Just what he is going to do is difficult to say, but the Jekyll-Hyde expression would imply something heinous; possibly to cut out an eye, or amputate a paw or sever the head from the trunk, thus deriving an insane delight from the shedding of blood which would make him acceptable to the pages of Krafft-Ebing's case book.

This is *Life's* idea of humor; its tribute to the medical profession,—for it wishes to imply that the bloodthirsty individual is a physician. Medical humanitarianism is denoted by the hard face; surgical asepsis is pictured by the dirty linen duster; the cruelty and barbarity of medical research find expression in the pathos of the poor beast who is fastened as in a vise.

This horrible illustration, so unwholesome that it should have been suppressed by the authorities, is not without purpose. It is this silly journal's contribution to the fight which is being made against the Rockefeller Institute of Medical Research by certain fanatics in New York. This publication, whose view of life is obtained from a swiftly moving automobile or the windows of a fashionable club, has long been opposed to doctors; it is a fitting member of an alliance which would seek by any means, fair or foul, to stifle progress in the healing art. In vain do physicians show the human benefits of animal experimentation; in vain is Flexner's work at the Rockefeller Institute held up to their view. That the mortality in cerebro-spinal meningitis has been reduced from seventy-five to twenty-five per cent is mere drivel to these misguided sentimentalists. People who do not choose to fight fair are not open to argument.

One hears, from time to time, more or less talk about "machines" that run medical societies, and the comment is always derogatory—or worse. What does it all mean? It simply means that those who have not the energy, the ability, the time or the inclination to do a certain amount of work, object when they see others doing it. Everything in the world is run by some sort of a machine. A few always do the work for the many. Lydston, and some other men with chronic ingrowing grouches, have expended a lot of energy (and no small sum of money, by whom contributed has not yet been explained) in attacking the American Medical Association, the cry being continually raised that it is run by a "machine." Well, for the sake of argument, let us suppose it is so run; do you not think it is a pretty good machine? It has built up the Association in the last ten years until now we own the largest and best medical journal published; we have nearly 40,000 members and we own over a half million dollars' worth of property. Is that something to be complained of? In running the A. M. A., modern business principles have been employed; authority and responsibility have been concentrated in one individual; it is up to the manager of any business to "make good"; if he does not, out he goes. That is exactly the case with the A. M. A.; the Secretary and General Manager is responsible, and he has made good. Why should the Trustees take a step backward and appoint a number of managers, thus dividing responsibility, when common sense dictates that the better policy, and the more successful one, is to concentrate responsibility and authority? It is absurd. Furthermore, it is a singular thing that, while the complexion of the House of Delegates changes from year to year, the policy of the Trustees is nevertheless endorsed each year; because it has been shown to be a good policy, and it is self-evident that the Association is being successfully managed; what more does anyone want? What more could anyone ask? If you were the owner of big business or a manufacturing plant, would you ask more than to have your business grow, develop, improve, increase with each passing year? It is absurd.

The Pharmacopeia had its origin in 1820, the first convention being composed of delegates from incorporated medical schools and medical societies exclusively.

THE ORIGINAL PHARMACOPEIA. It was not till 1840 that similar pharmaceutical organizations were invited to co-operate in the work of compiling the Pharmacopeia. Since 1840 the medical representation and medical interest in the compilation of the Pharmacopeia have steadily decreased until it is but a shadow dominated by pharmaceutical interests which, unfortunately, are not entirely free from the suspicion of more or less commercial interest. The work originated with physicians and

was intended to be an authoritative text on materia medica preparations used by physicians; and this original intention should be restored. It is therefore urged that every incorporated medical society and college send three delegates to the Pharmacopeial convention which will meet in Washington, May 10, 1910. Our State Society is urged to elect three delegates to this convention; delegates who can and will attend the meeting and make a suitable effort to see that medical authority in formulating the Pharmacopeia is restored. Any member who can and will attend the convention, May 10, 1910, is requested to notify the secretary, Butler Building, San Francisco, immediately.

The United States Pharmacopeia should be of great interest to physicians and pharmacists alike; as a matter of fact, however, most of the former and a good-
DELAYED RECOGNITION. ly number of the latter have never even seen a copy of it and know nothing as to its contents or, indeed, what it is about. The work of getting out such a book is very great and is controlled by a comparatively small number of trustees, since 1860 mostly made up of men interested in pharmacy or in the publication of books on therapeutics which are, necessarily, based upon the Pharmacopeia. It is a distinct recognition of the work of the American Medical Association, in that the secretary of the association has recently been elected a member of the board of trustees of the Pharmacopeia. The association has done more to improve conditions in pharmacy and materia medica, in the last few years, than any Pharmacopeial convention or any board of its trustees ever did, and doubtless the influence for good of the association, expressed through the medium of its secretary on this board, will be decidedly marked and very valuable. In the *Midland Druggist* for December is an article on this subject in which the work of the association, and of its secretary, Dr. Simmons, as well as the wonderful work of Prof. Puckner, the secretary of the council on pharmacy and chemistry, are highly recommended. This is only noteworthy because of the fact that it is about the first time that any pharmaceutical publication (except the *Druggists' Circular*), has had anything good to say on the subject. Drug journals get a lot of their income from nostrum advertisements; therefore, drug journals do not like to be forced to recognize that a goodly share of the things they advertise are rotten frauds; therefore, they do not like the association or its council on pharmacy and chemistry. It is very simple. It is to be hoped that the next edition of the Pharmacopeia will represent less archaic material and more of what the practising physician needs and uses. Also, it is to be hoped that various "interests," publishing and otherwise, may be markedly less in evidence than has been the case in previous editions.

ORIGINAL ARTICLES

THE USES OF BACTERIAL VACCINES IN URINARY DISEASE.*

By GRANVILLE MacGOWAN, Los Angeles.

Out of the labors of many men whose lives have been given up to the investigation of the wonders, greater than any fairy tale ever told, of serum therapy, has grown the marvelous and miraculous application of the principles of bacterial vaccines.

Great aids to medicine they are, at times averting the necessity for surgical interference; and great aids to surgery at times, when used with judgment, and systematically, with appreciation of what is required of them, rendering successful operation certain where without them cure would be doubtful.

It is understood that in presenting this paper, I am to give you my individual impressions as to the value of the use of these vaccines in the treatment of infective diseases of the urinary organs, not compiled from the printed reports of others. The report upon the use of tuberculin is based upon the combined experiences of my associates, Dr. Henry Lissner, Dr. Frank Dillingham and myself, each in treating cases for himself, and both Dr. Lissner and Dr. Dillingham in treating cases for me. All opsonic work has been done by Dr. Lissner, the conclusions are not my conclusions but our conclusions, all work being checked between us.

The work upon the gonococcus vaccines is also the work of all three of us. The staphylococcus and colon inoculations are my own and are given for what they are worth.

Of course the reliability of a vaccine will depend entirely upon the intelligence and care of the individual preparing it, and the attention given to its preservation. It has been our custom to make individual cultures, and prepare, where there was any variation from the type, an autogenous vaccine, and when we obtained any particularly pure strain, to preserve it for stock. These vaccines have been prepared by Dr. Henry Lissner and Dr. Ethel Leonard.

In many cases we have controlled their exhibition, especially that of tuberculin, for several months, by frequent opsonic indices, so that we might, so to speak, get the reactive gait of the patient. In others, staphylococcal and streptococcal infections, no indices were taken at all as the clinical indications were as perfectly plain as the results obtained were prompt.

1. Tubercular Infections of the Urinary Organs.

Whenever tuberculin is referred to in this article, Koch's T. R. is meant.

* Read at the Thirty-ninth Annual Meeting of the State Society, San Jose, April, 1909.